

1335

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 151

Registrar's No. 39

1. Place of Death: (a) County Maverick (b) City or Town Phoenix (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 23 days; In Community 6 weeks; In Arizona 6 weeks
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Calif; (b) County _____; (c) City or Town Greely
(If outside city limits also write RURAL)
(d) Street No. _____
3. (a) FULL NAME Sanchez, Ray, Jr. (b) If veteran name war _____ (c) If foreign born, in U. S. A. _____ yrs. (d) Social Security No. _____ (If NONE write the word)

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, _____ yrs.

7. Birthdate of deceased July 22, 1940
(Month) (Day) (Year)
8. AGE: Years 6 Months 16 Days 16 If less than one day hrs. _____ min. _____

9. Birthplace Greely, Colorado
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Ray Sanchez
13. Birthplace Pueblo, Colorado
(City, town or county) (State or Country)

14. Maiden Name Lupe Ramos
15. Birthplace Ault, Colorado
(City, town or county) (State or Country)

16. (a) Informant's own signature Ray Sanchez
(b) Address Phoenix, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place County Cemetery Date 1/9/41

18. (a) Embalmer's Signature J. R. Murphy
(b) Funeral Director J. T. Whitney Funeral Home
(c) Address Phoenix, Arizona

19. (a) January 13, 1941
(Date received local Registrar)

(b) James L. Johnson
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-8, 1941;
TIME (Hour and minute) 3:45 P. M.
21. I hereby certify that I attended the deceased from Dec. 16, 1940 to Jan. 8, 1941;
that I last saw him alive on 1-8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Probably trauma

Due to _____

Other conditions Paralysis R side
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. B. Wills M. D.

Address 1522 Howard Date signed 1-9-41

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.